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Governor

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# Indiana State Department of Health

An Equal Opportunity Employer

## Vaccine E-Letter # 263 12/7/2007

[www.statehealth.in.gov/programs/immunization.htm](http://www.statehealth.in.gov/programs/immunization.htm)

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### **STATE FUNDED VACCINE**

#### *Clarification to last week's e-letter article:*

- **State Funded vaccine is different than Vaccine for Children (VFC) and 317 vaccine. The VFC and 317 vaccine is federally funded through the Centers for Disease Control and Prevention (CDC).**

Due to the Governor's commitment to the immunization of Indiana's children, the Immunization Program has received additional State funding for vaccine purchase. The end result of this funding will be an increase in childhood immunization rates around the state.

Providers who meet the qualifications below may access this funding.

- You must be enrolled in the Vaccine for Children (VFC) program.
- You must be enrolled in CHIRP and use the Inventory Management component of CHIRP.
- You will order state funded vaccine on a separate order form.
- All State funded vaccine use must be recorded in CHIRP through the Inventory Management component (administered shot rather than historical shot).

State funded vaccine will be limited to children who meet ***all*** of the following requirements:

- 0–35 months old at time of vaccination
- Not eligible for VFC vaccine at the VFC provider facility.
- Receiving any of the following vaccine(s)
  - DTap
  - DTaP – Hib
  - Hep A Pediatric
  - Hep B Preservative Free Pediatric
  - Hep B – Hib
  - Hib
  - MMR
  - Varicella
  - Polio
  - Prevnar
  - Pediarix
  - RotaTeq

To sign-up to receive state funded vaccine please send a letter via fax [(317) 233-8827] or e-mail [pelewis@isdh.in.gov] to Penny Lewis stating that you are a current VFC provider (include your VFC PIN), enrolled in CHIRP and use CHIRP inventory management. Once approved, you will receive a separate order form for state funded vaccine.

### **Reporting Vaccines with State Funded Vaccine**

The availability of State funded vaccine this year will provide all VFC Providers with an additional eligibility option for vaccination of Indiana’s children. This funding is to be used only for children who are 0-35 months old at time of vaccination. Here are the new screening and eligibility requirements:

1. All VFC providers will first screen patients for VFC eligibility, as you routinely do now.
  2. **For our Private Providers** - If the patient is NOT eligible for VFC vaccine, you may provide any vaccine listed in the article, State Funded Vaccine outlined above. The limiting factor is that state vaccine may only be used for children who are 0-35 months old at time of vaccination. On the “CHIRP-Patient Demographics” screen select “State Vaccine” in the VFC Status field..
  3. **For our Public Providers** - If the patient is NOT eligible for VFC, you may provide any vaccine listed in the article, State Funded Vaccine outlined above. The limiting factor is state vaccine may only be used for children who are 0-35 months old at time of vaccination. On the “CHIRP-Patient Demographics” screen select “State Vaccine” in the VFC Status field..
- \*\* If the child is over 25 months old, Public Providers would then follow the State Policy Guidelines for use of PHS 317 funds. Mark the Doses Administered Sheet (Tally Sheet) as “Not Eligible”.**

## **Guidance for Returning Recalled MERCK Hib Vaccine**

Return shipment instructions for recalled MERCK Hib vaccine provided by the ISDH, VFC program is being clarified with MERCK and CDC. Please do not return any recalled VFC vaccine until you are instructed to do so by the ISDH Immunization Program. Additional instructions will be forthcoming from the State Immunization Program as soon as possible.

## **Reporting Recalled Hib Vaccine to the State Immunization Program**

The Indiana State Immunization Program requests that VFC providers who have any of the recalled Hib vaccine, separate the VFC vaccine from any private stock that you may also have and complete and return the attached Immunization Program's Return Vaccine Form (Provisional) for all recalled doses of Hib vaccine. Use return code #9 – Other, and in the space for an explanation write, “MERCK Haemophilus b Conjugate Vaccine Recall”. This form may also be obtained online at the Indiana Immunization Program's Children and Hoosiers Immunization Registry Program (CHIRP) website <https://chirp.in.gov>.

Also, providers may submit an Immunization Vaccine Order Form requesting replacement doses. Please fax both forms to the State Immunization Program at (317) 233-3719.

Please also be aware that Hib vaccine supplies will likely be limited, at least for the short term. Providers should plan for the likelihood that requested types and number of doses may not be available.

## **Contact Us**

For questions and comments, please contact the ISDH Immunization Program at: [Immunize@ISDH.IN.gov](mailto:Immunize@ISDH.IN.gov) or 800-701-0704.

We are not planning to send out an E-letter next week unless there is an urgent message we need to send out to you.

**RETURN VACCINE FORM (PROVISIONAL)**  
**Indiana VFC Program**  
**Phone (800) 701-0704 Fax (317) 233-3719**

**Date:** \_\_\_\_\_

**Pin Number:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Return Reason Codes:**

- |                                      |   |
|--------------------------------------|---|
| 1. Expired                           | 5. Failure to store properly upon receipt |
| 2. Natural Disaster/power outage     | 6. Vaccine spoiled in transit             |
| 3. Refrigerator temperature too warm | 7. Mechanical Failure                     |
| 4. Refrigerator temperature too cold | 8. Spoiled                                |
|                                      | 9. Other                                  |

**Explanation of 2 thru 9 if applicable:**

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**\*Required Vaccine Information\***

Return Code	Vaccine	Doses	Mfg	Lot#	Exp Date

**Return only VFC Vaccines. You must dispose of your private stock yourself.**

**Fax a copy of this form to the Indiana VFC Program Fax # 317 233-3719, keep a copy for your files, and send one with the returned vaccine. All McKesson shipping boxes come with a return label so they can be returned to McKesson. You may put your returns in those boxes and send them directly to McKesson.**